

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213503918								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HSN, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA 23219</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2013</p> <p>SCC ID NO: F1781477</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>300,000,000</td> </tr> <tr> <td>PREFER</td> <td>25,000,000</td> </tr> <tr> <td>PREFJR</td> <td>100,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	300,000,000	PREFER	25,000,000	PREFJR	100,000
CLASS	AUTHORIZED									
COMMON	300,000,000									
PREFER	25,000,000									
PREFJR	100,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1 HSN DR</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ST PETERSBURG, FL 33729</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GREGORY J HENCHEL TITLE: EXEC VP/GC/SEC ADDRESS: 1 HSN DR CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table>			NAME: GREGORY J HENCHEL TITLE: EXEC VP/GC/SEC ADDRESS: 1 HSN DR CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR			
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NAME: MINDY GROSSMAN TITLE: CEO ADDRESS: 1 HSN DR CITY/ST/ZIP/CO: ST PETERSBURG, FL 33729	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR						
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NAME: JILL BRAFF TITLE: EVP ADDRESS: 1 HSN DRIVE CITY/ST/ZIP/CO: ST. PETERSBURG, FL 33820	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR						

NAME:	BILL BRAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	KAREN ETZKORN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP-CIO		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	LISA LETIZIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP-H.R.		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	ANN MARTIN-VACHON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP-MERCHDSG.		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	PETER RUBEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	ANDREW SHELDON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP		
ADDRESS:	1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	PATRICK BOUSQUET-CHAVANNE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	MICHAEL BOYD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	WILLIAM COSTELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	JAMES FOLLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		
NAME:	STEPHANIE KUGELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	C/O 1 HSN DRIVE		
CITY/ST/ZIP/CO:	ST. PETERSBURG, FL 33729		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ARTHUR C MARTINEZ DIRECTOR C/O 1 HSN DR ST PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS MCINERNEY DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN MORSE DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANN SARNOFF DIRECTOR C/O 1 HSN DRIVE ST. PETERSBURG, FL 33729	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ GREGORY J HENCHEL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	GREGORY J HENCHEL, EXEC VP/GC/SEC PRINTED NAME AND CORPORATE TITLE	1/25/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			